

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00


FILED

Jan 29, 1999 8:00am
Secretary of State

01-29-1999 90061 006 ****150.00



DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|---------------------|---|--|--|--|
| PROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # 425959 | | | | | |
| 1. Corporation Name BABY LOVE, INC. | | | | | |
| Principal Place of Business 8100 W OAKLAND PK BLVD SUNRISE FL 33351 US | | | Mailing Address 8100 W OAKLAND PK BLVD SUNRISE FL 33351 US | | |
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 05/17/1973 | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 59-1460470 | Applied For Not Applicable |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 | Zip | 28 | Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 | Country | 29 | Country | 8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 9. Name and Address of Current Registered Agent KOMROFF, PETER 8100 W OAKLAND PK BLVD SUNRISE FL 33351 | | | | 10. Name and Address of New Registered Agent | |
| | | | | 81 | Name |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) |
| | | | | 83 | |
| | | | | 84 | City |
| | | | | FL | 85 Zip Code |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ | | | | | |
| 12. OFFICERS AND DIRECTORS | | | | | |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| | PD | KOMROFF, PETER | 11873 N.W. 30TH ST. CORAL SPRINGS FL | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | SD | KOMROFF, BARBARA | 11873 N.W. 30TH ST. CORAL SPRINGS FL | 1.2 NAME | |
| | VPD | KOMROFF, ELLIOT | 5424 NW 121ST AVE. CORAL SPRINGS FL | 1.3 STREET ADDRESS | |
| | VPD | KOMROFF, LAWRENCE | 3321 NW 101ST AVE CORAL SPRINGS FL | 1.4 CITY-ST-ZIP | |
| | | | | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | | | 2.2 NAME | |
| | | | | 2.3 STREET ADDRESS | |
| | | | | 2.4 CITY-ST-ZIP | |
| | | | | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | | | 3.2 NAME | |
| | | | | 3.3 STREET ADDRESS | |
| | | | | 3.4 CITY-ST-ZIP | |
| | | | | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | | | 4.2 NAME | |
| | | | | 4.3 STREET ADDRESS | |
| | | | | 4.4 CITY-ST-ZIP | |
| | | | | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | | | 5.2 NAME | |
| | | | | 5.3 STREET ADDRESS | |
| | | | | 5.4 CITY-ST-ZIP | |
| | | | | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | | | 6.2 NAME | |
| | | | | 6.3 STREET ADDRESS | |
| | | | | 6.4 CITY-ST-ZIP | |

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/12/99

(954) 741-2227

CR2E034 (11/98)